



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/665,634	<b>FILING DATE</b> 09/19/2000 <b>RULE</b> -	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 75329 74019
<b>APPLICANTS</b> Thomas J. Shaw, Little Elm, TX ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A REI OF 08/862,849 05/23/1997 PAT 5,810,775 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 12/30/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 46
			<b>INDEPENDENT CLAIMS</b> 6	
<b>ADDRESS</b> 20873				
<b>TITLE</b> Cap operated retractable medical device				
<b>FILING FEE RECEIVED</b> 735	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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## \*BIBDATASHEET\*

CONFIRMATION NO. 6568

Bib Data Sheet

SERIAL NUMBER 09/665,634	FILING DATE 09/19/2000  RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 75329 74019
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## APPLICANTS

Thomas J. Shaw, Little Elm, TX;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a REI of 08/862,849 05/23/1997 PAT 5,810,775

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 12/30/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	TX	5	46	6

## ADDRESS

20873  
LOCKE LIDDELL & SAPP LLP  
ATTN: SUE COTT  
2200 ROSS AVENUE  
SUITE 2200  
DALLAS , TX  
75201-6776

## TITLE

Cap operated retractable medical device

FILING FEE  RECEIVED 735	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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